

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION ORIGINAL NOTICE and PETITION (action for a money judgment)
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TO THE ABOVE-NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the plaintiff(s) demand(s) from you the amount of \$ _____
based on (state briefly the basis for the demand). _____

THIS CASE HAS BEEN FILED IN A COUNTY THAT UTILIZES ELECTRONIC FILING. Therefore, unless the attached signature page contains a hearing date for your appearance, or unless you obtain an exemption from eFiling from the court, you must file your Appearance and Answer electronically.

You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/EFile> and obtain a log in and password for the purposes of filing and viewing documents on your case and of receiving service and notices from the court.

FOR GENERAL RULES AND INFORMATION ON ELECTRONIC FILING, REFER TO THE IOWA COURT RULES CHAPTER 16 PERTAINING TO THE USE OF THE ELECTRONIC DOCUMENT MANAGEMENT SYSTEM, also available on the Iowa Judicial Branch website.

FOR COURT RULES ON THE PROTECTION OF PERSONAL PRIVACY IN COURT FILINGS, REFER TO DIVISION VI OF IOWA COURT RULES CHAPTER 16.

UNLESS YOU APPEAR by completing and filing an Appearance and Answer using the Iowa Judicial Branch Electronic Filing Interface at <https://www.iowacourts.state.ia.us/EFile> within 20 days after service of this original notice upon you, judgment will be entered against you upon plaintiff's claim together with interest and court costs.

IF YOU DENY THE CLAIM AND APPEAR by filing an Appearance and Answer using the Iowa Judicial Branch Electronic Filing Interface within 20 days after service of this original notice upon you, you will then receive electronic notification through the Iowa Electronic Document Management System of the place and time assigned for hearing.

Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s),

(Name)
(Address)
(Name)
(Address)

vs

Defendant(s),

(Name)
(Address)
(Name)
(Address)

SMALL CLAIMS DIVISION

ORIGINAL NOTICE and PETITION
(action for forcible entry and detainer)

TO THE ABOVE-NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the above-named plaintiff(s) demand(s) from you possession of

_____ (state exact address of real property) for the reason that
_____ (state basis of demand).

THIS CASE HAS BEEN FILED IN A COUNTY THAT USES ELECTRONIC FILING.

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FOR COURT RULES ON THE PROTECTION OF PERSONAL PRIVACY IN COURT FILINGS, REFER TO DIVISION VI OF IOWA COURT RULES CHAPTER 16.

UNLESS YOU APPEAR before the court to contest this matter at the time and place designated on page 2 of this document, judgment shall be rendered against you for possession of the property and for a money judgment together with interest and court costs.

Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs. Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION APPEARANCE and ANSWER of DEFENDANT Small Claim #: _____ Date Filed: _____
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I HEREBY enter my appearance and deny the claim of plaintiff(s) and ask that a hearing be set, with the parties to be notified of the hearing date by electronic notification through the Iowa Courts eFiling system at <https://www.iowacourts.state.ia.us/Efile>.

Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION COUNTERCLAIM Small Claim #: _____ Date Filed: _____
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TO _____, PLAINTIFF(S)

YOU ARE HEREBY NOTIFIED that _____, defendant, as counterclaimant demands from you the amount of \$ _____ based on (state briefly the basis for the demand) _____.

Signature:

[Name] /s/ _____

[Law firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

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IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	SMALL CLAIMS DIVISION CROSS-CLAIM AGAINST COPARTY
vs	
Defendant(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	Small Claim No.: _____ Date Filed: _____

I, _____, as cross-claimant hereby demand
from _____ (state name(s) of
party(ies) against whom the demand is made) the amount of \$ _____ based on
_____ (state briefly the basis for the demand).

Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	SMALL CLAIMS DIVISION
vs Defendant(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	CROSS-PETITION AGAINST THIRD PARTY
Third Party Defendant(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	Small Claim No.: _____ Date Filed: _____

TO _____, THIRD PARTY DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that, _____, as cross-petitioner(s) demand(s) from you the amount of \$ _____ based on _____ (state briefly the basis for the demand).

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FOR GENERAL RULES AND INFORMATION ON ELECTRONIC FILING, REFER TO THE IOWA COURT RULES CHAPTER 16 PERTAINING TO THE USE OF THE ELECTRONIC DOCUMENT MANAGEMENT SYSTEM, also available on the Iowa Judicial Branch website.

FOR COURT RULES ON THE PROTECTION OF PERSONAL PRIVACY IN COURT FILINGS, REFER TO DIVISION VI OF IOWA COURT RULES CHAPTER 16.

UNLESS YOU APPEAR by completing and filing an Appearance and Answer using the Iowa Judicial Branch Electronic Filing Interface at <https://www.iowacourts.state.ia.us/EFile> within 20 days after service of this original notice upon you, judgment will be entered against you upon plaintiff's claim together with interest and court costs.

IF YOU DENY THE CLAIM AND APPEAR by filing an Appearance and Answer using the Iowa Judicial Branch Electronic Filing Interface within 20 days after service of this original notice upon you, you will then receive electronic notification through the Iowa Electronic Document Management System of the place and time assigned for hearing.

Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator (information at www.iowacourts.gov/Representing_Yourself/ADAAccess). If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

Plaintiff(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	SMALL CLAIMS DIVISION APPEARANCE and ANSWER of THIRD PARTY DEFENDANT
vs	
Defendant(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	
Third Party Defendant(s), _____ (Name) _____ (Address) _____ (Name) _____ (Address)	
Small Claim No.: _____	Date Filed: _____

Signature: [Name] /s/ _____
 [Law firm] _____
 [Mailing Address] _____
 [Telephone Number] _____
 [E-mail Address] _____
 [Additional E-mail Address] _____

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IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s),

(Name)

(Address)

(Name)

(Address)

vs

Defendant(s),

(Name)

(Address)

(Name)

(Address)

SMALL CLAIMS DIVISION

ORIGINAL NOTICE and PETITION
(action for replevin)

TO THE ABOVE-NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the plaintiff(s) demand(s) possession of property described as: (insert description)

In support of this demand the plaintiff(s) state:

1. The actual value of the property is \$ _____ (If more than one item is involved, separate values must be stated for each item.) (The total value may not exceed \$5,000.00.)

2. Plaintiff(s) is (are) entitled to immediate possession because (check one):

☐ The plaintiff(s) own(s) the property; or

☐ The plaintiff(s) has/have a security agreement for the property, a copy of which is attached, providing that the plaintiff(s) is/are entitled to seize possession on default, and that default(s) as follows has (have) occurred (describe the default): _____

or

☐ (Other-describe with specificity) _____

3. Check One:

☐ (a) The property is not in the possession of the defendant(s) under court order or judgment; or

☐ (b) The property was taken by the defendant(s) under a court order or judgment but is improperly held, being exempt from such seizure because: (state basis for exemption).

4. To the best belief of the plaintiff(s) the property is being held by the defendant(s) because: (state facts constituting the defendant's(s') alleged reason for detaining the property) _____

5. The plaintiff(s) is/are entitled to damages for such retention in the amount of \$ _____, based on (state grounds of alleged damage): _____

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Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

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IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION ORIGINAL NOTICE and PETITION (action of money judgment against foreign corporation or nonresident defendant) Small Claim No.: _____ Date Filed: _____
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TO THE ABOVE-NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the plaintiff(s) demand(s) from you the amount of \$ _____ based on
(state briefly the basis for the demand) _____

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Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

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IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION ORIGINAL NOTICE and PETITION (action of money judgment against nonresident motor vehicle owner or operator) Small Claim No.: _____ Date Filed: _____
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TO THE ABOVE-NAMED DEFENDANT(S):

YOU ARE HEREBY NOTIFIED that the plaintiff(s) demand(s) from you the amount of \$ _____ based on
(state briefly the basis for the demand) _____

THIS CASE HAS BEEN FILED IN A COUNTY THAT USES ELECTRONIC FILING. Therefore, unless the attached signature page contains a hearing date for your appearance, or unless you obtain an exemption from eFiling from the court, you must file your Appearance and Answer electronically.

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Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

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IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Plaintiff(s), _____ _____ _____ _____ vs Defendant(s), _____ _____ _____ _____	(Name) (Address) (Name) (Address) (Name) (Address) (Name) (Address)	SMALL CLAIMS DIVISION NOTICE OF APPEAL Small Claim No.: _____ Date Filed: _____
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TO THE CLERK OF THE ABOVE COURT:

I, _____, appeal to the district court from the judgment entered on the
_____ day of _____, 20_____

I am appealing this decision because _____

Dated this _____ day of _____, 20_____.

Signature: [Name] /s/ _____
[Law firm] _____
[Mailing Address] _____
[Telephone Number] _____
[E-mail Address] _____
[Additional E-mail Address] _____

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IN THE IOWA DISTRICT COURT FOR _____ COUNTY

Plaintiff(s) / Petitioner(s)

Case No. _____

vs.

PROTECTED INFORMATION DISCLOSURE FORM

Defendant(s) / Respondent(s)

When protected information, as defined in Rule 16.602, is required by law to be included or is material to the case and is therefore included in non-confidential documents, a party shall record the protected information on this form and file it with the clerk of court.

Refer to Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy for an explanation of responsibility and procedures for protecting personal information, Rule 16.602 for a list of protected information, and Rule 16.604 for a list of information that may be redacted. This form must be updated with additions, changes, or corrections to protected information per Rule 16.606(2).

Plaintiff / Petitioner

Name: (Last) _____ (First) _____ (Middle) _____

Protected Information Type	Protected Information	Public Information (see Rule 16.605)
Social security number		
Financial account numbers		
Date of birth		
Individual taxpayer identification numbers		
Personal identification numbers		
Other unique identifying numbers		

Attach additional pages to add Plaintiff / Petitioner(s)

Defendant / Respondent

Name: (Last) _____ (First) _____ (Middle) _____

Protected Information	Protected Information	Public Information (see Rule 16.605)
Social security number		
Financial account numbers		
Date of birth		
Individual taxpayer identification number		
Personal identification numbers		
Other unique identifying numbers		

Attach additional pages to add Defendant / Respondent(s)

Other Parties

Name: (Last) _____ (First) _____ (Middle) _____

Protected Information	Protected Information	Public Information (see Rule 16.605)
Social security number		
Financial account numbers		
Date of birth		
Individual taxpayer identification number		
Personal identification numbers		
Other unique identifying numbers		

Attach additional pages to add Other Parties

Children

Name: (Last) _____ (First) _____ (Middle) _____

Protected Information	Protected Information	Public Information (see Rule 16.605)
Name		
Social security number		
Date of birth		

Name: (Last) _____ (First) _____ (Middle) _____

Protected Information	Protected Information	Public Information (see Rule 16.605)
Name		
Social security number		
Date of birth		

Name: (Last) _____ (First) _____ (Middle) _____

Protected Information	Protected Information	Public Information (see Rule 16.605)
Name		
Social security number		
Date of birth		

Attach additional pages to add Children

Date information supplied: _____

[Name] /s/ _____

[Law firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

Plaintiff(s) / Petitioner(s)

Case No.: _____

vs.

Defendant(s) / Respondent(s)

NOTICE OF TRANSCRIPT REDACTION

AN ORIGINAL TRANSCRIPT HAS BEEN FILED IN THIS CASE

ORDERED BY _____

BEFORE JUDGE _____

DATE OF PROCEEDINGS _____

BECAUSE YOUR CASE IS, OR AT SOME POINT WILL BECOME, OPEN TO THE PUBLIC, YOU ARE REQUIRED TO REVIEW THIS DOCUMENT FOR PROTECTED INFORMATION. Refer to *Division VI of Chapter 16 Rules Pertaining to the Use of the Electronic Document Management System* for a definition of personal information that is now considered protected by the court.

DOWNLOAD THE DOCUMENT MARKED BELOW FROM THE IOWA JUDICIAL BRANCH ELECTRONIC FILING WEBSITE AT www.iowacourts.state.ia.us/eFile/. Under Rule 16.601(2), it is your responsibility to review this transcript and ensure that the appropriate information is designated as protected material.

____ COPY OF TRANSCRIPT WITH REDACTIONS DESIGNATED [ID #]

____ COURT REPORTER TRANSCRIPT [ID #]

YOU HAVE TEN (10) DAYS AFTER THE FILING OF THIS NOTICE TO REVIEW AND RESPOND. If you find that protected information, either as defined in rule 16.602 or as ordered by the court, has been included in the document, you must file a Stipulation Regarding Redaction of Transcript identifying the information that must be redacted from the transcript. If you find additional information that you wish to have designated as protected under rule 16.604, you may file a Stipulation Regarding Redaction of Transcript identifying the additional information you wish to redact. Any disagreement about whether additional information should be designated as protected will be decided by the court.

Your failure to respond within ten (10) days of the filing of this notice will be deemed an agreement that the transcript has been properly redacted per rule 16.601(2), and the transcript will become public unless otherwise designated by law or court order.

Date: _____

[Name] /s/ _____

[Firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

Plaintiff(s) / Petitioner(s)

Case No.: _____

vs.

Defendant(s) / Respondent(s)

STIPULATION RE: TRANSCRIPT REDACTION

TRANSCRIPT ID: ORDERED BY _____

BEFORE JUDGE _____

DATE OF PROCEEDINGS _____

The undersigned hereby certify that we have reviewed the transcript filed identified above as follows: _____

_____ ,
and agree and stipulate as follows (select one):

- ☐ The transcript as filed contains no additional protected information that would require further redaction.
- ☐ The transcript as filed requires further redaction of protected information, as set out on page 2.
- ☐ The parties are unable to reach agreement regarding possible protected information contained in the transcript and request a hearing be set by the court.

Signed this _____ day of _____

Plaintiff/Attorney for Plaintiff:

[Name] /s/ _____

[Firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

Defendant/Attorney for Defendant:

[Name] /s/ _____

[Firm] _____

[Mailing Address] _____

[Telephone Number] _____

[E-mail Address] _____

[Additional E-mail Address] _____

ADDITIONAL PROTECTED INFORMATION

<u>Page/Line</u>	<u>Description of information to be redacted</u>
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